



Rhinebeck Equine, L.L.P.

A Lifetime of Caring

Artificial Reproduction Consent Form 2019

Owner Details

Full Name: _____

Address: _____ Zip code: _____

Email: _____ Phone: _____

Bills sent electronically: Yes No

Mare Details

Registered Name: _____ Breed _____

Color: _____ Age: _____ Horse Stabled at: _____

Stallion to be used: _____ Breed _____

u : # / Frozen

- Is the mare insured: Yes / No

Company: _____ Policy Number: _____

- Has the mare been Vaccinated in the last 12 months: Yes/ No
- Has an oral examination or Dental been performed in the last 12 months: Yes / No
- What is the date of the last dewormer or fecal egg count? _____

Terms and conditions

- A fee of **\$749.00 per COOLED** semen 1st cycle or **\$1,299.00 per FROZEN** semen 1st cycle will apply. This fee includes routine medications. Sedation, additional medications and procedures (ex. twin reductions or casicks procedures) will be charged accordingly. Additional board will be charged at \$51.50 per day for dry mares or \$68. per day for wet mares.
- All accounts are payable at the time of patient discharge.

The owner acknowledges and accepts the following:

- Breeding and rearing of mares is a high risk activity and the owner has the option to insure against such loss.
- Follicle and pregnancy testing involves per rectal examinations, this carries a small but finite risk of injury, infertility and death.
- Approximately 10% of all pregnancies results in twins, these are routinely managed by early identification and reduction to a single pregnancy, this can occasionally result in the loss of both embryos.
- Reproductive hormones, sedatives and relaxants will be used at our discretion.
- Rhinebeck Equine accepts no liability for any loss suffered by the owner and the owners shall be solely responsible for all insurance arrangements made for the mare or its progeny.
- I hereby authorize the doctors at Rhinebeck Equine to perform veterinary services on my horses. Payments are due when services are rendered . Interest of 1.5% per month will be charged on all overdue balances. I hereby consent to the personal jurisdiction of the City/Supreme Courts of Columbia County, New York and agree that any dispute shall be venued in one of these courts. I further agree that in the event of breach, Rhinebeck Equine shall be entitled to recover the costs of collection, including reasonable attorney's fees.

Name: _____

Date: _____

Signature: _____

Office use only:

- Mare Contract Frozen semen release Mare Card Documents scanned and attached

Date: _____ Initial _____

PLEASE CHECK YOUR PREFERRED METHOD OF PAYMENT AND SIGN BELOW

Please automatically charge my credit card **or** bank account on receipt of invoice for all charges incurred.

*This makes you eligible for a discount on dispensed medications.

Prefer to pay in full at the time of service by Cash Check or Credit

Credit Card Authorization:

Name: _____ MC Visa Discover Amex CareCredit Wells Fargo
Card #: _____ Expiration Date: _____ V# _____

or

Bank Account Authorization:

Name on account: _____
Routing #: _____ Account #: _____

Credit card, or bank account will be charged if payment is not received within 15 days from receipt of statement.

Signature: _____ Date: _____